



TOWN OF LEXINGTON
RECREATION AND COMMUNITY PROGRAMS
Discover the Fun Day Camp
2016 Registration

Name _____ DOB _____ M ☐ F ☐ School _____ Grade in Fall _____

Address _____ City _____ Zip Code _____

Parent/Guardian _____ Email _____

Phone (H) _____ Phone (W) _____ Cell _____

Emergency Contact _____ Phone _____

T-Shirt Size: youth small _____ youth medium _____ youth large _____ youth x-large _____ adult small _____

Campers will be grouped according to the grade they are entering in September. Campers may request placement with ONE friend. Every effort will be made to accommodate the request.

Please place my child in a group with: _____

.....

TUITION AND DATES: Fees listed are per child per week. Non-residents should add \$10.00 per week per child. Make checks payable to the Town of Lexington and mail along with required forms to Lexington Recreation and Community Programs, 1625 Massachusetts Avenue, Lexington, MA 02420.

The basic camp day for Discover the Fun will run from 8:30 a.m. to 3:30 p.m.

There are two extended day options: 3:30 – 4:00 p.m. or 3:30 – 4:30 p.m.

Check the weeks and times you wish to attend.

		Basic Day 8:30 – 3:30	Extended "A" 3:30 – 4:00	Extended "B" 3:30 - 4:30
Week One:	June 27 – July 1	___ \$230	+ \$25 ___	+\$50 ___
Week Two:	July 5 – July 8	___ \$184	+ \$20 ___	+\$40 ___
Week Three:	July 11 – July 15	___ \$230	+ \$25 ___	+\$50 ___
Week Four:	July 18 – July 22	___ \$230	+ \$25 ___	+\$50 ___
Week Five:	July 25 – July 29	___ \$230	+ \$25 ___	+\$50 ___
Week Six:	August 1 – August 5	___ \$230	+ \$25 ___	+\$50 ___
Week Seven:	August 8 – August 12	___ \$230	+ \$25 ___	+\$50 ___
Week Eight:	August 15 – August 19	___ \$230	+ \$25 ___	+\$50 ___

TOTAL Basic Fee(s) \$ _____ Extended "A" \$ _____ Extended "B" \$ _____

TOTAL DUE (BASIC FEE PLUS EXTENDED DAY FEES) \$ _____

A \$25 non-refundable deposit per week is due at the time of registration. \$ _____ **Amount Paid**
(Enrollment received after 6/1/16 must be paid in full at the time of registration.)

Balance due by 6/1/16 (total fee minus weekly deposit submitted with registration) \$ _____ Balance Due

If paying by credit card (via mail), please complete the following: Visa _____ MasterCard _____ Discover _____

Card Number

Expiration Date (Month/Year)

Card Holder Signature

Please fill out BOTH sides of this form. Include payment, and return to the address below.

**Town of Lexington Recreation and Community Programs
Participation, Liability, Photo and Medical Release Form - 2016**

I/We, the parent(s)/guardian(s) of _____ a minor, hereby consent to his/her participation in the Town of Lexington Recreation and Community Programs, pictures to be taken of my/our child for advertisement and/or promotion of program and to his/her use of the recreational facilities and equipment of the Town of Lexington. I/We further agree to release and save harmless the Town of Lexington, its officers, employees, agents and attorneys from any and all liability or expenses arising out of any incident involving, or on account of any injury to the above named minor in connection with such program, hereby give permission to the Town of Lexington, Recreation and Community Programs Department staff to authorize a physician at a local hospital to secure proper treatment for my/our child as named above.

Signature of Parent(s)/Guardian(s)

Date

Parent Questionnaire:

Does your child have any medical or physical concerns? Yes___No ___If yes, please explain:

Please describe any needs your child may have:

Is your child taking any medication that needs to be administered at camp? Yes___No ___

If yes, a medication permission slip, available at the Recreation Department or Discover the Fun, is required.

Does your child have any allergic reactions? Yes___No ___ If yes, what is he/she allergic to?

Should we be aware of any eating or dietary considerations? Yes___No _____

Does your child have any behavioral concerns or needs? Yes___No ___If yes, please explain:

Please share any additional information that will enable your child to have a successful camp experience.

PLEASE NOTE: Written permission is required for the staff at Discover the Fun to allow your child to leave with an adult other than parent or guardian. Please give the name, address and phone number of anyone whom you will allow to provide alternate transportation for your child.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

IMPORTANT! Campers WILL NOT be allowed to begin camp until ALL health history, physician's form STATING UP-TO-DATE PHYSICAL EXAM COVERING CAMP DATES, and emergency forms are submitted, as per the Board of Health regulations. There will be **NO EXCEPTIONS TO THIS POLICY. *** Please complete and return ALL forms no later than June 1, 2016 to:**

Lexington Recreation and Community Programs, 1625 Massachusetts Avenue, Lexington, MA 02420

(You may also drop them off at the Community Center or use the Town Hall drop box in front of the Town Office Building.)

*** This camp must comply with regulations of the Massachusetts Department of Public Health (105CMR 430) and be licensed by the Lexington Board of Health. Information on these regulations may be obtained by calling the Health Department at 781-698-4522.